

# NEW JERSEY'S OPERATION RECOGNITION

WORLD WAR II, KOREAN, AND VIETNAM VETERANS APPLICATION FOR NEW JERSEY HIGH SCHOOL DIPLOMA

## SECTION I

VETERAN'S FIRST NAME:	VETERAN'S LAST NAME	VETERAN'S MIDDLE
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SOCIAL SECURITY #:	DATE OF BIRTH:	TELEPHONE #:
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STREET ADDRESS:

CITY:	STATE:	ZIP:	COUNTY:
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## SECTION II

NAME AND CITY/STATE OF HIGH SCHOOL THE VETERAN ATTENDED PRIOR TO ENTERING MILITARY SERVICE:

DATE ATTENDED THIS HIGH SCHOOL:

DATE VETERAN ENTERED MILITARY SERVICE:

## SECTION III

VETERAN'S BRANCH OF SERVICE ACHIEVED:

HIGHEST RANK:

DATES OF SERVICE: (Optional)

COPY OF DD214: (Discharge) Attached?

MAIL DIPLOMA:

YES / NO

YES / NO

## SECTION IV

SIGNATURE OF VETERAN APPLYING FOR DIPLOMA:

DATE: \_\_\_\_\_

**SECTION V**

COMPLETE ONLY IF APPLYING ON BEHALF OF A DECEASED VETERAN.

NAME, ADDRESS, AND TELEPHONE OF NEXT OF KIN APPLYING FOR NEW JERSEY HIGH SCHOOL DIPLOMA ON BEHALF OF A DECEASED WWII, KOREAN, AND VIETNAM ERA VETERANS.

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

TELEPHONE #:

RELATIONSHIP TO VETERAN:

SIGNATURE OF NEXT OF KIN APPLYING FOR DIPLOMA:

DATE: \_\_\_\_\_

THIS SECTION TO BE COMPLETED BY NEW JERSEY DEPARTMENT OF MILITARY AND VETERANS AFFAIRS AND BY NEW JERSEY DEPARTMENT OF EDUCATION:

SIGNATURE OF NJ DMAVA OFFICER:

DATE: \_\_\_\_\_

SIGNATURE OF NJ DOE OR LOCAL SCHOOL DISTRICT OFFICER:

DATE: \_\_\_\_\_

DIPLOMA ISSUED: \_\_\_\_\_

**Submit completed applications to:**

**Patricia Richter, Administrative Assistant**  
**Division of Veterans Programs**  
**New Jersey Department of Military & Veterans Affairs**  
**PO Box 340**  
**Trenton, NJ 08625-0340**  
**Phone: (609) 530-6854**